



THE CALIFORNIA LEGISLATIVE BLUE RIBBON COMMISSION ON AUTISM

*“Supporting individuals with autism and their families:
forging new directions for real change”*

Task Force on Education and Professional Development

March 1, 2007

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Final Summary of Findings and Recommendations

The Task Force on Education and Professional Development was formed to advise the Legislative Blue Ribbon Commission on Autism about gaps in programs and services related to the education and treatment of children and adolescents with autism spectrum disorders (ASD) and recommendations to address those gaps. The Task Force was led by Dr. Rudy Castruita, Chair, and Areva Martin, Esq., Vice Chair, both members of the Blue Ribbon Commission.

The Task Force is composed of 26 members. Of those members, five are parents of children with an ASD, three are advocate attorneys, two are from regional centers, one is a school board member, two represent the California Department of Education Diagnostic Center North, one represents the California Department of Education (CDE), four represent different facets of public school local education agencies (LEAs), two represent non-public schools, one represents an area board, one represents a University of California Autism Center, and three represent service/training providers. A list of the Task Force members is attached. We owe many thanks to the members of this Task Force, who shared with us their knowledge, expertise, and generous amounts of time in order to address the very critical problems and gaps that exist in serving Californians with an ASD. We all have been enriched by the participation of the individuals on this Task Force.

The Task Force held three meetings. Over the course of these meetings, the Task Force heard testimony from over 50 parents. Additional members of the public participated by teleconference. Representatives from the California Department of Developmental Services (DDS)-sponsored Sonoma State Best Practices project attended all of the meetings. Written comments were submitted by many Task Force members, as well as from 34 parents, some of whom belong to organizations that reach substantial numbers of other parents.

Findings

The first meeting focused on identifying major problems and gaps in programs and services for children and youth with an ASD. The second meeting was an opportunity to revisit the problems and gaps in order to reach consensus on a few top priority areas. These priority areas were defined as:

1. Lack of best practice guidelines and related training for educators and other service providers on effective educational and other interventions for ASD.
2. Inadequate funding and too little collaboration across service systems.
3. Disruption in services when children transition at age three from regional centers to LEAs and at transitions across preschool, elementary school, middle school, and high school.
4. Inadequate information for parents about effective services and tools to help children achieve their goals at school and home.
5. Inadequate monitoring of school district and regional center compliance with legal requirements and of children's outcomes.

Each area is described in the document “Summary of Major Problems and Gaps.”

The third meeting was a forum to brainstorm possible short-term and long-term solutions to address these problems and gaps. The Task Force was asked to identify possible solutions given the state's role and responsibility to address these issues. A comprehensive list of the main concepts that emerged from the discussion and through correspondence to the Task Force is contained in the document "Summary of Possible Solutions." The list reflects a wide range of ideas to promote broader dissemination and implementation of best practice guidelines for serving persons with an ASD; training for educators, other service providers, and parents on effective interventions for ASD; collaboration and adequate funding across service systems; better information and resources for families; and greater accountability for achieving better outcomes for individuals with an ASD.

Following the third meeting, our task was to develop a defined set of recommendations to present to the Commission. We reviewed the work of this task force in conjunction with the work of the two other task forces to identify areas of overlap and consensus. We identified many common themes and ideas across the groups. For example, there was consensus about there being inconsistent quality of care, fragmented service systems, difficult transitions across service systems particularly for children age 3, lack of services for underserved communities, inadequate information and training regarding best practice interventions, and inadequate accountability for outcomes across the service systems.

To address these and other gaps, the Task Force on Early Identification and Intervention recommends creating a series of demonstration projects that focus on building coordinated, evidence-based, and outcome-driven systems of care. We concur with that approach to addressing many of the issues identified by this task force. Many of the findings and recommendations from all of the task forces lend themselves to blending into a service continuum that stretches across the lifespan of individuals with ASD and their families.

The Task Force on Education and Professional Development presents the following options, based on the member's recommendations for closing the five identified priority areas in gaps and services, for the Commission's consideration, as well as staff work plans and analysis:

The following questions apply universally to all of the recommendations:

- Have we identified all of the key questions and answers for each of the topics, including any changes needed to state or federal laws as well as funding sources and what is necessary to fund specific recommendations?
- Have we identified the key people who know the mechanics of how programs work and asked for technical assistance?
- Have we fully identified all of the stakeholders and engaged them in discussions throughout the process?
- Have we had ongoing communication with other related ASD projects (State Superintendent's Autism Advisory Group; ASD Guidelines for Effective Intervention Project sponsored by DDS; Assembly Education Committee's Working Group on Special Education)?
- Have we made sure that relevant recommended solutions also include parent input as well as measurable goals and outcomes?

1. *Finding: Lack of best practice guidelines and related training for educators and other service providers on effective educational and other interventions for ASD.*

The implications of this gap speak to the difficulty of ensuring the use, dissemination and knowledge about effective interventions for children with ASD and their families.

- Recommendation:
 - Create regional, multi-disciplinary ASD training teams to provide in-service training for educators, other service providers, and parents on best practices for ASD interventions. Training teams and models could vary by region, in order to build upon the variety of innovative, successful public-private partnerships and other training approaches already being used across the state. Some current approaches include UC Extension Courses, Diagnostic Centers operated by the California Department of Education, district-sponsored programs for teachers, and video-conferencing and train-the-trainer models conducted by UC Santa Barbara. Regional training teams would be linked together as a statewide ASD training consortium to ensure collaboration and coordination statewide regarding best practices and other information sharing, data collection, and evaluation. One approach would be to incorporate this training team concept into the comprehensive demonstration projects.

- Support efforts of LEAs to operate alternative teaching credential programs and certificate programs that provide specialized training in ASD. For example, the Sacramento County Office of Education proposes to create an alternative credentialing program for special education teachers. This type of program could also be extended to training for classroom aides, as well as providing them with a career ladder. The state could also support university extension and LEA programs that offer autism competency certificates and work towards common standards for competency.
- Integrate training on teaching of special needs children, including children with an ASD, into the Beginning Teacher Support and Assessment (BTSA) program. BTSA is a state-funded induction program, co-sponsored by CDE and the Commission on Teacher Credentialing, designed to support the professional development of newly-credentialed, beginning teachers and to fulfill credential requirements. BTSA is a requirement for all new teachers. Each program works in collaboration with one or more university partner or institutions of higher education.
- Restore state funding to LEAs for staff training days (eliminated in state budget cuts) so that LEAs can provide all staff with training on how to work with students with special needs, including students with an ASD. This training should include information about federal laws relating to the protection of an individual's personal health information, as well training for ALL staff, including classroom aides, about working with children with disabilities.
- There is a need for a single web-site that provides comprehensive, evidence-based information about ASD, best practices for screening, assessing, diagnosing, and treating persons with ASD, and resources where educators, regional centers, health professionals, other service providers, and parents can obtain information and services in their area. A web site could be developed based on the content of the existing and forthcoming best practices guidelines developed through the DDS project. Users could search the web site for specific recommended interventions based on the age and diagnosis of a child.
- Develop a DVD for teachers, other professionals, and parents that provide training on ASD best practices interventions and strategies to implement them in the classroom, at home and in other settings.

Staff Work Plan and Analysis:

- Identify where training teams already exist, create a measurement for effectiveness and analysis and address the need for the creation of common standards for a competency certificate in working with children with ASD.
- Continue communications with the office of the Sacramento County Office of Education to ensure support for any necessary legislative actions.
- Investigate how these programs can be linked as a statewide training consortium to ensure collaboration and coordination regarding best practices and other information sharing, data collection and evaluation, including the steps, costs and funding sources for the development of a DVD and web site. Find models of other programs that have developed DVDs and websites and see if they can be adapted for these purposes.
- Find out how new components are added to BTSA training and how the program generally functions.
- Investigate when funding cuts for staff training took place, what is the current number of funded days, how to link training to approved programs with standards and measurable outcomes, as well as whether or not there is a way to guarantee that SOME funds must be spent on ASD training.

Finding: Inadequate funding and too little collaboration across service systems; and

2. *Disruptions in services when children transition at age three from regional centers to local education agencies, and at transitions across preschool, elementary school, middle school and high school.*

There are significant gaps between regional centers and local education agencies once a child is in kindergarten up through age twenty two. There is frustration among parents because it is not clear which agency will provide needed services, such as speech and language, occupational therapy, and behavioral interventions.

- **Recommendations:**

- Regional centers and local education agencies could be encouraged or required to develop joint memorandums of understandings (MOU) that spell out the specific responsibility and share-of-cost of regional centers and LEAs to provide services for ASD. Some regional centers and LEAs have such MOUs that specify cost-sharing for services. Such collaborative agreements should be available to the public. Agreements would specify the rights of individuals and families to participate in joint program planning between LEAs and regional centers.

- The state could establish demonstration projects with grant funding to help improve the coordination of services for children who transition at age three from regional center services to LEA programs, which would continue through age twenty two. The goal is to continue services while disputes are resolved over funding.

Staff Work Plan and Analysis:

- There are existing MOUs in use currently and these need to be collected and analyzed for consistencies and differences, as well as determining if they specify the rights of individuals and families. Providers (including regional center and LEA staff) that use the MOU need to be interviewed, as well as individuals and families that use the services to determine if they are satisfied with arrangements, and if not, what changes would be necessary, as well as identifying areas of satisfaction.
- Coordinate efforts with the Commission's other task forces to create demonstration projects that span the K-12 system, including public, non-public, and charter schools.

3. *Finding: Inadequate information for parents about effective services and tools to help children achieve their goals at school and at home.*

Parents report the need for information about services and tools they can use to help their children achieve goals at school and home, and many express strong concerns that some LEAs and regional centers do not provide comprehensive, user friendly information about the rights of children and families under special education law.

- Recommendations:

- Increase funding for family resource centers, family empowerment centers, parent training and information centers, and other community based resource centers to provide referrals, monitoring, networking, support and workshops for families of special needs children, including those with ASD. Particular efforts should be focused on resource centers that target underserved communities and families, and programs that provide parent advocacy training.
- The state could conduct a comprehensive review of the state administrative hearing process for resolving disputes about regional center and special education services, including the types of issues that are disputed and the outcomes of the disputes. This could identify inconsistencies in service provision and suggest the need for further state action to promote greater service consistency.
- The state could create an autism ombudsman program that is responsible for investigating and resolving complaints made by, or on behalf of individuals with autism. The program could include a state ombudsman to oversee the program and provide policy direction and local ombudsman statewide to directly respond to inquiries.
- Regional centers and LEAs could develop local resource directories for obtaining ASD services that would be disseminated broadly to educators, health professionals, other service providers and parents. These directories need to be in multiple languages for non-English speaking families and include a glossary of relevant terms.
- Independent parent mentors could be funded and trained to help parents obtain and navigate services in both the regional center and special education systems. For example, it is reported that Los Angeles School District pays independent parent advocates to assist parents through mediation and litigation.

Staff Work Plan and Analysis:

- Find out where family resources centers exist, what services they provide, engage in statewide organizations of these centers to find out what they would need to augment effective advocacy and training.
- Find out how DDS used recent budget increase to establish ASD resource centers in existing parent resource centers.
- Compile a list of requests for information from the Office of Administrative Law for the purpose of conducting the review of the hearing process. Target questions that could give direction on state actions designed to promote greater service consistency.
- There has been at least one completed recent study of an ombudsman statewide program. Contact the staff that did this study and determine if it can be adapted to and/or provide guidance for the creation of an ASD ombudsman program statewide.
- Research existing models of local resource directories from relevant sources; produce a prototype and vet with stakeholders to make sure relevant information is included in a

useful, consumer friendly fashion; investigate steps necessary to find funding for translations, as well as seeking input regarding which languages are necessary.

- Contact LAUSD to get specifics on the parent mentor program.

4. *Finding: Inadequate monitoring of school district and regional center compliance with legal requirements and of children's outcomes.*

There are anecdotal reports that some LEAs and regional centers are not in compliance with legal requirements for serving children with ASD. Others report that there is a lack of accountability in providing effective educational interventions and to evaluate performance of teachers and other service providers. There is a need for LEAs and regional centers to provide effective educational and other interventions and to evaluate performance based on desired outcomes.

Recommendation:

- The Legislature could require DDS and CDE to report on outcomes for all individuals with ASD that receive services through the regional centers and LEAs. The state could develop specific ASD indicators/performance measures for evaluating an individual's progress and the effectiveness of interventions and services for ASD. All regional centers and LEAs would be required to track these measures, which would be put into all regional center and LEA contracts with non-public agencies and non-public schools and be included in all individual program plans (IFSP, IPP, and IEP). This would require tracking of a child's progress based on actual data collection, rather than only teacher or other service provider observations. It would also include parent observation.
- DDS should have common, specific requirements about the provision of ASD services in all regional center contracts in order to make services more uniform statewide.

Staff Work Plan and Analysis:

- Determine current relevant reporting systems, what information they provide, and how they could be changed to reflect agreed upon outcomes and standards.
- Obtain technical assistance to determine existing ASD indicators/performance measures, including those that may not be at the state level, but may be part of existing service delivery programs; research standards from other states and University of California Autism Center programs. Identify who at the state level would be responsible for developing standards and how this could be accomplished.
- Before uniform statewide services are implemented, there is the need for agreement on best practices. This effort could be linked to the DDS effort to develop best practices guidelines.

TASK FORCE ON EDUCATION AND PROFESSIONAL DEVELOPMENT MEMBERS

Dr, Rudy Castruita, Chair; Commission Member; San Diego County Superintendent of Schools (retired); Professor of Clinical Education and Irving R. & Virginia Archer Melbo Chair in Education Administration, University of Southern California

Areva D. Martin, Esq. Vice Chair; Commission Member; Managing Partner, Martin & Martin, LLP; parent

Ace Atkinson, Developmental Disabilities Area Board # 12, Inyo, Mono, Riverside and San Bernardino Counties

Cindy Asner, Commission Member; activist; parent

Maureen Burness, Commission Member, Assistant Superintendent for Student Support Services, Folsom Cordova Unified School District

Faye Carter, Program Manager, Autism Spectrum Therapies

Mike Clark, Director, Kern County Regional Center

Pamela Colvin-Lee, Education Specialist, South Central Regional Center, Los Angeles

Ann England, Speech and Language Pathologist, Diagnostic Center-Northern California, California Department of Education

Bob Farran, Director, Southwest Special Education Local Plan Area, Los Angeles

Nancy Fellmeth, President of Families for Early Autism Treatment (FEAT); parent

Terilyn Finders, School Board Member, Los Virgenes Unified School District, Calabasas

Adele Forbes, Development Director, The Morgan Center For Autism Spectrum Disorders, San Jose

Dave Gordon, Sacramento County Superintendent of Schools

Maureen Graves, Esq., attorney

Kristin Grodeon, University of California Conference Center, Sacramento; parent

Georgianne Knight, Manager, Policy and Program Services, Special Education Division, California Department of Education

Lynne Koegel, Commission Member; Clinical Director of Autism Services in the Koegel Autism Center, University of California, Santa Barbara

Janelle Farris Lewis, Chair of her school district's Special Education Advisory Committee; educator; parent

Dale Mentink , Esq., Assoc. Managing Attorney with the Sacramento office of Protection Advocacy Incorporated

Debra Moss, Los Angeles USD Autism Program Coordinator; Co-founder, Intensive Comprehensive Autism Programs

Laurie Stephens, Director, The HELP Group Center for Autism Spectrum Disorders

Patricia Schetter, Program Specialist, Yolo County SELPA;
Director of Autism and Behavior Training Associates

Rebecca Steinberger , Education Specialist, Diagnostic Center-Northern California, California Department of Education

Vicki Thomas, North Bay Families for Early Autism Treatment; Area Four Board Member (Solano, Sonoma and Napa); parent

Chris Whalen, California Association for Behavior Analysis